



# Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492 781-455-7500 ext. 511  
www.needhamma.gov/health 781-455-0892 (fax)



## APPLICATION FOR SEPTIC INSTALLER LICENSE

This is (please check one)

a new application

a renewal application

### Fee

Make check payable to  
Town of Needham/Health Department

Installer's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Pager or Cell Phone \_\_\_\_\_

Please list the names of 3 references familiar with your work.

1. Name \_\_\_\_\_ Town \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Town \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Town \_\_\_\_\_

Phone \_\_\_\_\_

Approximately how many systems have you installed in the last two years? \_\_\_\_\_

Please list the communities in which you are currently licensed to install septic systems. Attach copies of the permits.

_____	_____
_____	_____
_____	_____

Pursuant to MGL Ch 62C, sec 49A, I certify under penalties that , to my best knowledge and belief, I have filed all state tax returns and have paid all state taxes required by law.

Signed \_\_\_\_\_

Date \_\_\_\_\_